

ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

2010 MAR 32 AM 11:47

Please type or print in ink.

A Public Document

NAME (LAST) <u>Mickami</u>	(FIRST) <u>Ross</u>	(MIDDLE) <u>B</u>	DAYTIME TELEPHONE NUMBER <u>[REDACTED]</u>
MAILING ADDRESS (Business Address Acceptable) <u>[REDACTED]</u>	STREET <u>[REDACTED]</u>	CITY <u>[REDACTED]</u>	STATE <u>[REDACTED]</u>
ZIP CODE <u>[REDACTED]</u>		OPTIONAL: E-MAIL ADDRESS <u>[REDACTED]</u>	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Board of Supervisors

Division, Board, District, if applicable:

District 5

Your Position:

Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Transportation Authority

Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of SAN FRANCISCO

☒ City of SAN FRANCISCO

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: ____

4. Schedule Summary

► Total number of pages including this cover page: ____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-29-10

Signature

(File the originally signed statement with your filing clerk.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ross Mirkarimi

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>STANLEY W. BAKER, JR.</u> ADDRESS (Business Address Acceptable) <u>2980 College Avenue #7</u> CITY AND STATE <u>Berkeley, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____/____/____ AMT: \$_____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: <u>Travel & lodging to</u> <u>Speak @ Conference in Chicago</u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____/____/____ AMT: \$_____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION:
▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____/____/____ AMT: \$_____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION:	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____/____/____ AMT: \$_____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION:

Comments: HT Davis - Commuter Benefits Conference
Speaker.